

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90026 049 ***150.00

DOCUMENT # P03000134488

1. Entity Name

SPAFFORD'S CONSTRUCTION & REMODELING, INC.



Principal Place of Business

**3900 S. WILLIAM AVE.
INVERNESS FL 34452**

Mailing Address

**3900 S. WILLIAM AVE.
INVERNESS FL 34452**

2. Principal Place of Business

5065 S. Florida Ave

Suite, Apt. #, etc.

3. Mailing Address

5065 S. Florida Ave

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Inverness FL

Zip
34450

Country

Citrus

City & State

Inverness FL

Zip
34450

Country

Citrus

4. FEI Number

20-0436112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPAFFORD, ERIC W
3900 S. WILLIAM AVE.
INVERNESS FL 34452**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**OD
SPAFFORD, ERIC W
3900 S WILLIAMS AVE
INVERNESS FL 34452**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**OD
SPAFFORD, ERIC W
8650 S. Pleasant Grove Rd
Inverness FL 34452**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-05 352-726-7855